



Le Sueur County, MN

Tuesday, May 16, 2017

Board Meeting

Item 6

10:10 a.m. Cindy Shaughnessy, Public Health (10 min)

RE: Measles Update

Staff Contact:

PRESS RELEASE

FOR IMMEDIATE RELEASE: May 15, 2017

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Measles cases confirmed in Le Sueur County

The Minnesota Department of Health (MDH) has confirmed two cases of measles in Le Sueur County. These are the first confirmed measles cases in south central Minnesota in 2017. The confirmed cases are unvaccinated children under the age of five. The children have not required hospitalization and are recovering at home.

MDH investigates how individuals become infected, identifies people known to be exposed, monitors them for symptoms and informs them of recommended protective actions. Health officials continue to monitor individuals across the state and update the MDH website regularly with case statistics (see link below).

"Le Sueur County Public Health is working closely with MDH to ensure coordination of resources and information," says Cindy Shaughnessy, RN, PHN, and Director of Le Sueur County Public Health. "We are working collaboratively with MDH and other partners including the South Central Healthcare Coalition and Emergency Management to make sure people have accurate and up to date information regarding the measles outbreak."

Measles is a highly contagious disease caused by a virus. It is no longer common in the United States due to high immunization levels. Symptoms include a high fever, cough, runny nose and watery eyes followed by a rash that typically spreads from the head to the rest of the body. A person with measles can pass it on to others 4 days before the rash appears to 4 days after it appears. Measles spreads easily by coughing, sneezing or even being in the same room with someone who has the illness. Measles can be a serious disease that can lead to hospitalization and even death.

Le Sueur County Public Health officials are encouraging people to check their immunization records to make sure they are vaccinated. Measles can spread very easily among unvaccinated people, so the best way to protect yourself and your community is to make sure everyone who is able receives the measles, mumps and rubella or MMR vaccine. You may request vaccination records by calling the MN Immunization Information Connection (MIIC) Record Request Line at 651-201-3980.

MDH is recommending an "accelerated" vaccination schedule for children and adolescents of the two dose MMR series in counties with a confirmed case of measles. Children (12 months and older) and adolescents should have 2 doses of MMR. The first dose is given at 12 months, and with the accelerated schedule can be followed by a second dose 28 days later. Contact your health care provider for additional guidance. **People who need to be vaccinated should contact their health care provider.**

For more information about measles, visit the MDH website at

<http://www.health.state.mn.us/divs/idepc/diseases/measles/index.html>

There is also a link on the Le Sueur County website at <http://www.co.le-sueur.mn.us/>

Measles Outbreak Vaccination Guidance

- During the current measles outbreak, MMR vaccination recommendations vary based on the location and age of the patient.
- Assess measles immune status for every patient at every visit, regardless of age.
- Recall children and adolescents age 12 months and older whom have not received the first dose of MMR, as resources allow.
- Before giving a MMR vaccine, check MIIC records and ask parents whether any vaccines have been administered in the previous 4 weeks to ensure no MMR doses are administered less than 28 days from previous MMR, varicella or MMRV. If a parent-reported vaccination is not found in MIIC, verify administration by requesting documentation from the parent or administering clinic. Provide patients with written documentation of vaccines administered.

	6 months to less than 12 months	12 months and older
Exposed to measles¹ (Persons notified by public health officials or health care facilities as having been exposed to measles)		
Received Post-Exposure Prophylaxis ¹	Do not administer MMR at this time	Determine Post-Exposure Prophylaxis received to guide MMR vaccination needs
Did not receive Post-Exposure Prophylaxis	<ul style="list-style-type: none"> ▪ Administer MMR if there is any concern for ongoing measles exposure^{2, 3} ▪ For all others, no early MMR vaccination recommended⁴ 	Accelerate the two-dose MMR series if there is any concern for ongoing measles exposure ^{3, 5}
Not exposed to measles		
Children and adolescents of a county in which a measles case has been reported in the previous 42 days	Do not administer MMR at this time	Accelerate the two-dose MMR series ⁵
Somali Minnesotan children and adolescents, regardless of county of residence	Do not administer MMR at this time	Accelerate the two-dose MMR series ⁵
All other Minnesotans	Do not administer MMR at this time	Consider acceleration of the two-dose MMR series OR follow the recommended immunization schedule for age-appropriate vaccination ⁵

¹Individuals with the highest risk of exposure have been notified, and post-exposure prophylaxis has been provided if able.

²This early MMR dose will not count toward the two recommended doses due at 12-15 months and 4-6 years.

³Those currently recognized as at an “increased risk for ongoing exposure” include persons previously informed of exposure who are residents of counties in which a measles case has been reported in the previous 42 days and/or Somali Minnesotans.

⁴Early MMR is not necessary if beyond post-exposure prophylaxis window period and not at a recognized increased risk for ongoing exposure. PEP consists of either administering MMR within 72 hours of exposure or administering immune globulin within 6 days of exposure.

⁵Administer the first dose of MMR on (or as soon as possible after) the first birthday, followed by a second dose 28 days later. Administer the second MMR dose now if it has been at least 28 days since the first MMR dose and no other live virus injectable vaccines (i.e., varicella vaccine, MMRV) have been administered in the past 28 days. MMRV is approved for children 12 months through 12 years of age (until the 13th birthday), and may be used for the second dose, depending on supply. Ensure that adults born in 1957 or after have at least one documented MMR.

Revised 5/12/2017 | Page 1 of 2

General considerations

- The minimum interval between doses of MMR is 28 days.
- Do not give MMR to persons who are pregnant or immunosuppressed. For a complete list of contraindications and precautions, see CDC's [Contraindications and Precautions](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).
- MMR vaccination given within 72 hours of exposure to measles virus may provide some protection against disease. If given during the pre-symptomatic or prodromal stage of illness MMR does not increase the risk for vaccine-associated adverse events.
- If a patient received intramuscular immune globulin (IMIG) or intravenous immune globulin (IVIG) as post-exposure prophylaxis, they should wait to receive MMR, varicella, or MMRV. For IMIG they should wait 6 months, and for IVIG they should wait 8 months. For more information, see CDC's [Recommended intervals between administration of immune globulin preparations and measles- or varicella-containing vaccine](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/mmr_ig.pdf) (www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/mmr_ig.pdf).
- Adults born before 1957:
 - Most adults born before 1957 are considered immune to measles.
 - Health care personnel born before 1957 are typically considered immune to measles. However, ACIP recommends that unvaccinated health care workers born before 1957 who lack laboratory evidence of measles immunity (see below) receive 2 doses of MMR vaccine separated by at least 28 days.
- Adults born in 1957 or later:
 - These adults should have either laboratory evidence of measles immunity or documentation of at least one live measles or MMR vaccine administered after the person turned 1 year old.
 - If adults cannot provide documentation or if the documentation is unclear regarding what type of measles vaccine (inactivated or live) was administered, it is recommended that they receive an MMR.
 - Documented measles vaccination from 1968 to present in the United States would have been with a live measles vaccine.
 - Health care workers, students in post-high school educational institutions, or international travelers should have two documented vaccinations with a live measles (for example, MMR vaccine) separated by at least 28 days and administered after the person turned 1 year old.
- Laboratory evidence of measles immunity includes:
 - Laboratory evidence of measles immunoglobulin G (IgG) - equivocal results should be considered negative.
 - Laboratory confirmation of measles disease.

NOTE: In the event that a health care worker who has 2 documented doses of MMR vaccine is tested serologically and determined to have negative or equivocal measles titer results, it is not recommended that the person receive an additional dose of MMR vaccine. Such persons should be considered to have presumptive evidence of measles immunity.

- Health care providers should not accept verbal reports of vaccination without written documentation as presumptive evidence of immunity. For additional details about evidence of immunity criteria, see Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP). [Table 3. Acceptable presumptive evidence of immunity to measles, rubella, and mumps](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3) (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>)



Vaccine Preventable Disease Section
651-201-5414 | www.health.state.mn.us

Revised 5/12/2017 | Page 1 of 2

Measles (Rubeola)

What is measles?

Measles, also called rubeola, is a very contagious disease caused by a virus. Because of high immunization levels, measles is no longer common in the United States. But it is still common in many other countries and may be brought into the U.S. by unvaccinated travelers. Keeping our measles immunization levels high is critical to preventing measles outbreaks.

What are the symptoms of measles?

- Rash AND
- Fever AND
- Cough OR runny nose OR watery/mattering eyes

Symptoms appear about eight to 12 days after a person is exposed to measles. The first symptom is usually fever. The rash usually appears 2 to 3 days after the fever begins and lasts 5 to 6 days. The rash begins at the hairline, moves to the face and upper neck and then down the body.

If you or your child has symptoms of measles, what should you do?

Be sure to stay at home and avoid having visitors until you have talked with your doctor or clinic. Your doctor or clinic will tell you if you should come in for a visit.

How serious is measles?

Measles can be a serious disease that can lead to hospitalization and even death.

Many people with measles have complications like diarrhea, ear infections, pneumonia, or acute encephalitis (a brain infection that can lead to permanent brain damage).

Complications are more common in children under 5 years of age and adults older than 20.

Measles during pregnancy increases the risk of premature labor, miscarriage, and low birth weight infants.

Measles can be especially severe in persons whose immune systems are weak.

How does measles spread?

Measles is spread through the air when people who have it breathe and cough. It is highly contagious.

You cannot get measles more than once, because after you have had it you are immune.

How long is a person with measles contagious?

A person with measles can pass it to others from 4 days before their rash appears to 4 days after it appears.

Is there a treatment for measles?

No, there is no specific treatment for measles. People with measles need bed rest, fluids, and control of fever. They may also need treatment for complications such as diarrhea, ear infection, or pneumonia.

Is there a vaccine for measles?

Yes. The measles vaccination is usually combined with mumps and rubella (MMR).

- Children get MMR doses at 12-15 months and at 4-6 years of age; the second MMR may be given as soon as a month after the first dose.
- An early dose of MMR is recommended for children 6-12 months of age who will be traveling internationally or where outbreaks are occurring.
- Adults who have not had measles or measles vaccine should receive one dose of MMR vaccine, particularly if they were born in 1957 or later.
- Students (including college students), health care workers, and international travelers need to have received two doses of MMR vaccine, if they have not, they should get vaccinated.
- Talk to your health care provider if you have questions about what vaccines you or your child needs.

If you or your child has been exposed to measles, what should you do?

- Call your doctor or clinic right away. They will let you know if you need to come in for a visit.
- If you have not been vaccinated, getting an MMR shot within 3 days of being exposed may prevent them from getting measles.

- If you get a shot of immune globulin (a blood product with antibodies to the measles virus) within 6 days of being exposed to measles, it may prevent or lessen the severity of measles.

What if there is a case of measles in a school or other setting (e.g., summer camp, child care, worksite, clinic)?

MDH and the local health departments would work with the setting to identify individuals who may have been exposed, assess their immunity to measles, and recommend post-exposure prophylaxis as needed for that particular situation.

Vaccine-Preventable Disease Section
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To obtain this information in a different format, call: 651-201-5414.